

APPLICATION FOR RECORDS RETENTION SCHEDULE

**GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES X
RECORDS MANAGEMENT UNIT**

2

(For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983)

DHR	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Division of Public Health Vital Records Section Room 217-H 47 Trinity Ave. S.W. Atlanta, Ga. 30334	ARCHIVES AND HISTORY Application Number 74-404-A Data Received OCT 25 1982 Date Completed OCT 25 1982
Application Date 8/20/82		
Application Number 82-36		
2. Person to Contact Mike Lavoie	Working Title Director	Telephone Number 656-4750
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. 74-404	Check One: <input checked="" type="checkbox"/> Change; <input checked="" type="checkbox"/> Supercede; <input type="checkbox"/> Void	
4. Dates of Series Earliest 1919 Latest continuing	5. Records Series Title (Followed by title used in office, if different) Certificate of Death Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Public Health, through the leadership of the Director, is responsible for the administration, direction, and coordination of the public health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing and field operations; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; the monitoring of supplies of drinking water; and the daily State-wide program of registration, statistical coding, certification, preservation of certificates for births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State.		
The Vital Records Section has the responsibility to provide services for the registration, statistical coding, certification, and preservation of records of birth, death, fetal death, marriage, divorce, annulments of marriage, adoptions, and legitimization of births which occur each year within the State.		
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: the death of individuals who die in Georgia. Included are: Form 3903 (Certificate of Death)-which gives personal particulars about the deceased and medical information which is used for statistical tabulations to show causes of death and reflect local, State, and national trends of the effectiveness of the public health programs.		
The file is arranged: alphabetically by county each month, and indexed by name of decedent. Each year an alphabetical index is output on microfiche.		
8. Monthly Reference Rate	How often are records referred to which are: One to six months old <u>constant</u> ; Seven to twelve months old <u>same</u> ; Thirteen to twenty-four months old <u>same</u> ; twenty-five months and older <u>same</u> ?	
9. Annual Rate of Accumulation of Records	Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (Specify) _____	

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. <u>Ga. Code Annotated, Part 2, Section 2, Title 31, Chapter 10, #31-10-25</u>
X		c. Is this a vital record? <u>Ga. Code Ann., Part 2, Section 2, Title 31, Chapter 10, #31-10-1 (17)</u>
X		d. Does this series have historical or long term research value?
X		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X		f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
X		i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

Ga. Code Ann. Title 31 Chapter 10, #31-10-25

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

Calendar Year; Fiscal Year; Other _____ then,

(Certificate) - Cut off file at the end of each calendar year; hold in current files area 1 year; then transfer to State Archives for permanent retention.

Maintenance instructions- Microfilm certificate file in duplicate each month. Microfilm certificate file in duplicate, for preceding calendar year, each July following cut-off; making two original rolls and one duplicate.

(Monthly Microfilm File) - (1) Send one original to National Center for Health Statistics, Dept. of Health and Human Services. (Note: If this microfilm is returned destroy.) (2) Keep one original in Vital Records Office until annual microfilm is completed, then destroy.

(Annual Microfilm File) - (1) Retire one original to State Archives for permanent retention. (2) Keep one original in Vital Records Office, (security copy). (3) Keep one duplicate copy in Vital Records Office (reference copy) until no longer needed for reference, then destroy.

*Certificates (for every year since births have been registered) are needed frequently for registering any amendments which are necessary to correct errors. Ga. Code, 31-10-23 requires that the original certificate be marked "Amended" with the date on which amended.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Michael R. Jarrow	8-20-82	Paul T. Murphy	8/20/82

Recommendations in paragraph

12 are approved.
(If disapproved, attach letter
of explanation.)

State Auditor/Designee	Signature	Date
✓ State Auditor/Designee	<i>Howard Sway</i>	1-18-82
Secretary of State/Designee	<i>Edward Meldon</i>	10/14/82
Attorney General/Designee	<i>B. Ferguson</i>	10-20-82

Records Retention Schedule

GEORGIA DEPARTMENT OF HUMAN RESOURCES
Department of Physical Health
Vital Records Unit

<u>Appl. No.</u>	<u>Description</u>	<u>Disposition</u>
74-404	CERTIFICATE OF DEATH FILES - Documents relating to the death of individuals who die in Georgia. Included is form ADM 5.3 (12-1-56) (Certificate of Death) which gives personal particulars about the deceased and medical information which is used for statistical tabulations to show causes of death and reflect local state and national trends of the effectiveness of the public health programs. The file is arranged alphabetically by county each month, and indexed by name of decedent. Each year an alphabetical index is printed by the computer.	<u>Certificate file</u> - cut off file at end of each calendar year; then hold in current files area 5 years; then retire to State Archives for permanent retention. <u>Microfilm certificate file</u> in duplicate each month. Microfilm certificate in duplicate (for preceding calendar year) each July following cut off.
		<u>Monthly microfilm file</u> - (1) send one copy to National Center for Health Statistics, Department of Health, Education, and Welfare. (2) hold second copy in Vital Records Office and destroy when annual microfilming is completed.
		<u>Annual microfilm file</u> - (1) retire one copy to Archives for permanent retention. (2) keep one copy in Vital Records Office; destroy when obsolete, superseded, or no longer needed for reference.
		<u>Index</u> - destroy monthly printout when updated copy is received; retain annual index for permanent use.

AMENDS #191, 7/6/72.

STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

1. DATE RECEIVED
September 12, 1974
2. Filing Application No.
DHR-DPH-35

3. RECORDS See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention Records Management Officer.

4. FOR RECORDS MANAGEMENT DIVISION USE

Date Received

SEP 12 1974

74-405-

74-410

Date Completed

NOV 21 1974

5. AGENT, FIELD, SUBDIVISION & ADMINISTERING OFFICE ADDRESS
Department of Human Resources
Division of Physical Health
Vital Records Unit - Room 217-H
47 Trinity Avenue, S. W. - Atlanta, Georgia 30334

6. Person to Contact

Mr. C. Clayton Turner

7. Working Title Vital Director Records

8. Tel No. 656-4750

9. ACTION REQUESTED AMEND #23; 191; 192; 193; and 223. Rescind # 214.

- ESTABLISH DISPOSITION STANDARD; DISPOSE OF PRESENT ACCUMULATION;
 RECORD WILL CONTINUE TO ACCUMULATE. NO FURTHER ACCUMULATION ANTICIPATED

10. Earliest & Latest Dates of Series
1919 - to date

9. Exact Series Title

VITAL RECORDS UNIT FILES (See attached sheet)

11. What is the function of the office in which this record series is created?

The Division of Physical Health is responsible for the administration, direction and coordination of the Physical Health Programs in the State. These include, but are not limited to, health standards for businesses, housing, field operations, and hospitals throughout the State; improvement of physical and dental health of adults and children, and health of expectant mothers; administration of family planning and sterilization programs; diagnosis and control of diseases; supervision of construction and licensure of health facilities; and administration of the Cancer Assistance Program.

The Vital Records Unit serves as custodian for records of birth, death, fetal death, marriage, divorce, annulments of marriage, adoptions, legitimations, and public health and medical data incidental thereto. (Ga. Code, Sec. 88-1702 1/a/).

12. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

SEE ATTACHED LIST

ATTACH SAMPLES OF THE FILE

EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers			Floor Space Occupied (Square Feet)	In Office	In Storage Area
Legal-size File Drawers			Total	Years	Years
			Average Daily References		

QUESTIONNAIRE

Please answer in the proper column. If answer is "No", please explain.

YES

13. Is this the Record Copy of the series?
14. Is there a duplication of this series in another office or agency?
15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling?
17. Does the series initiate, amend or terminate agency policies and procedures?
18. Could the function be performed if the files were lost or destroyed?
19. Is the series (or major portion of it) regularly microfilmed? If yes, why?
20. Does the record series provide data as input to an EDP file?
21. Does the record series contain documentation produced as EDP printout?
22. Has the Federal Government issued instructions governing the retention/disposition of these files?
23. Will there be a need for these records 10, 15 years from now? If yes, what?

4. REQUIREMENTS: The following requires the files to be kept _____ years:

- a. [] STATE. b. [] STATUTE OF
LAW LIMITATION c. [] AUDIT PERIOD d. [] FEDERAL LAW e. [] ADMINISTRATIVE DECISION f. [] HISTORICAL VALUE
(cite Law, Statute, or other reason for the retention requirement)

Georgia Health Code - Chapter 88-17 Vital Records

5. AGENCY RECOMMENDATIONS: This agency recommends that the file series be cut off at the end of each CALENDAR YEAR FISCAL YEAR OTHER SEE ATTACHED LIST, then:

- Hold in the current files area month(s)/ year(s);
 Transfer to State Records Center Local Holding Area; hold year(s);
 Destroy.
 Transfer to State Archives for permanent retention.
 Destroy immediately after cut-off.
 Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>[Signature]</i>	9-12-74	<i>[Signature]</i>	9-12-74
Recommendations in paragraph 25 are:	Agency Head/Designee [] Approved <input checked="" type="checkbox"/> Disapproved State Auditor/Designee [] Approved <input type="checkbox"/> Disapproved	<i>[Signature]</i>	9-12-74
STATE RECORDS COMMITTEE	Secretary of State/Designee [] Approved <input checked="" type="checkbox"/> Disapproved	<i>[Signature]</i>	11-10-74

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Department of Physical Health
Vital Records Unit

App1.
No.

Description

Disposition

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